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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mary Bono Mack Committee PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824-0844 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2013 C00332890 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. William T. Powers Type or Print Name of Treasurer William T. Powers [Electronically Filed] 05 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE Committee	
(a)	ididate	e Committee: This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ī	This committee is an authorized committee, and is NOT a principal campaign committee. (Com information below.)	
Nam Can	ne of didate		
	didate y Affiliati	Office Sought: House Senate President	State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	(Domogratic
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.	FEC ID number C	

FEC Form 1 (Revised 02	2/2000)	Page 3
Write or Type Committee Name	212009)	rage 3
Mary Bono Mac	k Committee	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE		
Mailing Address		
	<u> </u>	
	- 	-
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponso
rtolationship.	John Landraising Representative 2 2000.	5 p 1 710 0po00
. Custodian of Records: Identi	ify by name, address (phone number optional) and position of the person in posses:	sion of committee
books and records.		
-	Financial S ervices	
Full Name	PO Box 30844	
Mailing Address		
	Bethesda , MD , 20824-0844	
	Bettlesua WiD 20024 00-14	
Title or Position	CITY STATE ZIP	CODE
Custodian of Records	, 301 ₆₅₄	3220
	Telephone number	
3. Treasurer: List the name and	address (phone number optional) of the treasurer of the committee; and the name	and address of
any designated agent (e.g., as	ssistant treasurer).	
Full Name William T. P	owers	
Mailing Address	77340 Black Mountain Trail	
	Indian Wells CA92210-9185	
Title or Position	CITY STATE ZIP	CODE
Title or Position Treasurer	760 - 836 Telephone number	0870

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Name of Bank, Deposi	itory, etc.	
Name of Bank, Deposi	nk of America PO Box 3530	05741-3530
Name of Bank, Deposi	PO Box 3530 Rancho Cordova CA S	
Name of Bank, Deposi	PO Box 3530 Rancho Cordova CITY STATE	25741-3530 ZIP CODE
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	Rancho Cordova CITY STATE STATE	
Name of Bank, Deposi Mailing Address Name of Bank, Deposi	Rancho Cordova CITY STATE TOTAL MINISTRA PO Bank 7901 Wisconsin Avenue # MD1010 # MD1010	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı PNC Bank 7235 Wisconsin Avenue Mailing Address 20814-4803 Bethesda MD CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Presidentjal Bank 4520 East-West Highway Mailing Address 20814 MD Bethesda CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı Çardinal Bank 7315 Wisconsin Avenue Mailing Address 20814-3202 Bethesda MD CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number